

COMPLAINT FORM

Note: In order for this form to be processed, all fields are required to be filled in.

CITY OF FRANKLIN
Office of the City Clerk
9229 West Loomis Road
Franklin, WI 53132
Phone: 414-425-7500 Fax: 414-425-6428

	<u>Office Use Only</u>
Action File No	_____
Tax Key No.	_____
Received By	_____
Date	_____
Referred To	_____
Aldermanic District	_____

Date: _____

Name and Address of Complainant(s):

Home Phone:

Work Phone:

Email Address:

Reported Address of Violation(s):

Subject(s) of Complaint:

Signature of Complainant: